

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

For

District of Delaware

Plaintiff

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

Defendant

CASE NUMBER:

08-137

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2008 MAR -7 PM 3:10I, Thomas R. Miller declare that I am the (check appropriate box)☐ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Delaware Correctional CenterAre you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No
- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Back in 2003 worked in the Kitchen 24cents an hour.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. (none)

I declare under penalty of perjury that the above information is true and correct.

3-6-08

Date

Thomas R. Miller

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 240A (Rev. 12/03)

UNITED STATES DISTRICT COURT

District of _____

Plaintiff

V.

Defendant

ORDER ON APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES

CASE NUMBER: _____

Having considered the application to proceed without prepayment of fees under 28 USC §1915;

IT IS ORDERED that the application is:

☐ GRANTED.

☐ The clerk is directed to file the complaint.

☐ IT IS FURTHER ORDERED that the clerk issue summons and the United States marshal serve a copy of the complaint, summons and this order upon the defendant(s) as directed by the plaintiff. All costs of service shall be advanced by the United States.

☐ DENIED, for the following reasons:

ENTER this _____ day of _____, _____.

Signature of Judge

Name and Title of Judge

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Thomas Miller SBI#: 144108

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: March 3, 2008

Attached are copies of your inmate account statement for the months of September 1, 2007 to February 29, 2008

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>0</u>
<u>Oct</u>	<u>0</u>
<u>Nov</u>	<u>0</u>
<u>Dec</u>	<u>5.81</u>
<u>Jan</u>	<u>12.40</u>
<u>Feb</u>	<u>2.00</u>

Average daily balances/6 months: 3.36

Attachments

CC: File

Stacy Shane
3/3/08

Carolanne
3/3/08